

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 01/22/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 01/26/2006						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DO/SAS	8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		0	0		0	16	16	0
3404904	WESTERN HIGHLAN DS LME	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404910	PATHWAYS	8505	1985	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	77	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	2235	3211	968
		8534	54	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404912	CATAWBA COUNTYM ENTAL HEALT	11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8931	14	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	14	39	340	301
		21	5	DUPLICATE OF CLAIM-SYSTEM				
3404913	MECKLENBURG COM ENTAL HEALT	8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	7	CLIENT NOT ELIGIBLE ON SERVICE DATE	5	21	71	50
		8931	4	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIOBAL HEAL	8535	6	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		0	0		0	6	6	0
3404917	CENTERPOINT HUM AN SERVICES	8599	1957	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	799	DUPLICATE OF CLAIM-SYSTEM	389	4515	8859	4344
		11	363	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404919	GUILFORD CO MEN TAL HEALTHC	8599	27	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	25	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	33	105	1220	1115
		8518	17	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASWEL L AREA MH D	8505	3706	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	76	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	21	3962	5162	1200
		5404	44	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404921	ORANGE PERSON C HATHAM AREA	8505	9810	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	187	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	12	10621	13917	3296
		8599	130	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404922	THE DURHAM CENT ER	8535	17792	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
		8329	96	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	17928	18013	85
		21	24	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	79	145	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		11	68	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	317	1466	1149
		8599	42	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	609	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	365	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	61	1435	5078	3643
		120	64	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404926	SOUTHEASTERN RE G MENTAL HL	11	366	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		0	0		0	366	372	6
3404927	CUMBERLAND CO M HC	8505	1020	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	75	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	1137	2001	864
		23	14	SERVICE REQUIRES PRIOR APPROVA L				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	86	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	21	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	5	113	125	12
		8935	4	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	8599	71	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	46	DUPLICATE OF CLAIM-SYSTEM	23	177	1639	1462
		8931	19	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	1836	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8329	502	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	103	2824	4512	1688
		79	238	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404934	ONSLow CARTERET BEHAV HEAL	11	126	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	112	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	440	1590	1150
		21	39	DUPLICATE OF CLAIM-SYSTEM				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8599	25	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	15	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	17	47	1766	1719
		8935	2	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404937	EDGEcombe NASH MNTL HLTH C	8518	394	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	107	DUPLICATE OF CLAIM-SYSTEM	0	574	7427	6853
		8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404938	YGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	8599	2	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		0	0		0	2	488	486
3404941	FITT CO MH/DD/S AS CENTER	8599	40	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		27	31	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB	0	77	353	276
		4102	4	YOU ARE ATTEMPTING TO ADJUST A CLAIM THAT IS EITHER NOT FOUND ON OUR FILE OR IS NOT FO				
3404942	ROANOKE CHOWANH UMAN SERVIC	79	20	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8931	5	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	8	34	791	757
		191	3	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404943	ALBEMARLE MENTA L HEALTH CE	79	45	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	25	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	24	130	899	769
		8931	13	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	79	504	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		8599	282	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	22	1077	2140	1063
		11	73	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	1113	DUPLICATE OF CLAIM-SYSTEM				
		8622	88	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	91	1488	3384	1896
		191	82	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404957	TIDELAND MENTAL HEALTH CTR	8536	9	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	4	24	657	633
		79	5	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	PAID
3404979	NEW RIVER AREAM	11	191	CLIENT NOT ELIGIBLE ON SERVICE			
	H/DD/SA PRO			DATE			
		8505	134	CLAIM DENIED DUE TO INSUFFICIE	0	406	498
				NT BUDGET			92
		8800	77	FURTHER PROCESSING NECESSARY,			
				PLEASE CHECK FOR CLAIM ON			
				FUTURE RA'S.			